expenditure specifically in terms of expenditure being incurred in urban and rural areas. However, according to National Sample Survey 60th Round, public facilities for out patient care have been accessed by 22.3% in the rural areas and 19.2% in the urban areas while in respect of in-patient care, 41.7% have accessed public facilities in the rural areas and 38.2% in the urban areas.

To improve access to facilities particularly in rural areas where majority of the population reside, the National Rural Health Mission was launched in April, 2005 to effect an architectural correction in the public healthcare delivery system.

(c) and (d) As per National Health Profile 2006, approximately 35% of the registered allopathic doctors are in the rural areas.

Under the National Rural Health Mission, several initiatives are being taken to strengthen health manpower including doctors in the rural areas.

Deaths due to consumption of spurious drugs

†71. SHRI JANARDHANA POOJARY:
SHRI MOTILAL VORA:
SHRI SATYAVRAT CHATURVEDI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is continuous growth in the business spurious drugs which is resulting in death of several patients:

(b) if so, the effective steps taken by Government to check it and the results thereof;

(c) whether it is also a fact that Government officers are also involved in this business of spurious drugs being operated in the country; and

(d) if so, the action taken by the Government to check the same?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir.

As per information available from State Drugs Control Organizations 0.288%, 0.292% and 0.267% of samples were reported to be spurious during the year 2003-04, 2004-05 and 2005-06 respectively.

Manufacture and sale of spurious drugs is primarily a clandestine activity. To this extent, it is difficult to detect the manufacture or movement of spurious drugs. Any effective action against this activity would require continuous surveillance by the regulators and active co-operation from the law and order enforcement machinery in the States.

The Ministry has not so far received any information regarding death of patients due to spurious drugs.

The steps taken by the Government to check the menace of spurious drugs is given in the Statement (*See* below).

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†Original notice of the question was received in Hindi.

(c) and (d) There is no information available that Government officers are involved in the business of spurious drugs in the country.

Statement

Steps taken by the Govt. to check the Menace of Spurious Drugs

(i) The Drugs and Cosmetics Act, 1940, was amended in 1982 to incorporate definition of spurious drugs under section 17B besides prescribing severe penalties under section 27 of the Act as mentioned below:

(a) Manufacture and sale of spurious drugs are punishable for imprisonment for a term which shall not be less than five years but which may extend to a term of life and with fine which shall not be less than Rs. 10,000/- if such drug is likely to cause death or is likely to cause such harm as would amount to grievous hurt within the meaning of section 320 of I.P.C.

(b) Any drug deemed to be spurious but not a drug likely to cause death or grievous hurt is punishable with an imprisonment for a term which shall not be less than three years but which may extend to five years and with fine which shall not be less than Rs. 5,000/-.

(ii) Detailed guidelines have been issued to the State Govts. to undertake focused surveillance over possible movement of spurious drugs.

(iii) A Capacity Building Project through World Bank assistance has been taken up to provide substantial assistance to State Govts. to upgrade drug testing facilities or to establish new drug testing laboratories.

It is expected to increase the number of samples tested in the country from about 36,000 samples to 1,00,000 samples per year and to reduce the reporting time to less than a month as against the present period from 3 to 6 months.

(iv) Specific training programme for regulatory officials of State Govts. on logistics of intelligence work, prosecutions etc. has been conducted with the assistance of FDA, Maharashtra. This activity is proposed to be continued.

(v) In order to ensure efficient information exchange between drug regulatory officers in the country, in respect of licensing, sampling, prosecution, etc., a countrywide computer networking project has been undertaken by the Central Govt. This will enable the Central Govt. to regularly monitor the enforcement activities and recommend corrective measures.

(vi) Pharma industry and trade has been motivated to fight menace of spurious drugs as a shared responsibility. No. of cases could be successfully detected through the initiative taken by Pharma industry involving hiring of retired intelligence officers.

(vii) A meeting of Health Ministers of all major States was especially convened in November 2002 to ensure the action to check the menace of spurious drugs. The views emerged in the meeting were communicated to all State Govts. in January 2003 for implementation.

(viii) The recommendation of Mashelkar Committee which was constituted by the Government in 2003, to examine all aspects relating to the drug regulatory system in the country including the problem of spurious/sub standard drugs, are being followed for necessary change in legislation as well as improvement of enforcement activities.

A Bill was introduced in the Lok Sabha in December 2003, to amend the said Act to provide stricter penalties to the offenders including a maximum penalty of capital punishment. It was further recommended to make the offences non-bailable and cognizable and to provide for designated courts for speedy trial of cases.

The Cabinet accorded approval for the introduction of Drugs and Cosmetic (Amendment) Bill, 2005, in the Parliament subject to certain modifications, namely, replacing punishment to life imprisonment and increasing the quantum of fines. The Bill is likely to be taken up for consideration and passing in the current Session of Parliament.

The proposed amendments will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs. The involvement of enforcing agencies like Police will help in speedy investigation to book the culprits and in controlling anti-social elements in such activities.

NFHS-3 on Child Health

72. SHRIMATI SUPRIYA SULE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Family Health Survey-3 has indicated that relatively well-off States like Punjab and Maharashtra do not have adequate primary healthcare services and have actually declined in certain indices;

(b) if so, whether the UNICEF's Chief has pointed out that these figures reflect on the public health system and the infrastructure available in the region;

(c) whether the NFHS-3 data also shows a marginal improvement in nutrition among children; and

(d) if so, whether India needs to increase public spending on health while improving accountability and better monitoring of the health system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The key findings of the survey paint a mixed picture in the States of Punjab and Maharashtra. The contraceptive use, institutional delivery and maternity care have improved in both the States. The contraceptive use for any modern method has increased by 5.0% and 2.2% in Maharashtra and Punjab respectively. The percentage increase in institutional delivery is 13.5 in Maharashtra and 15.0 in Punjab. The unmet need for the family planning has also reduced but the full immunization coverage of children has declined in the seven year period since the last NFHS survey (1998-99) in both the States of Maharashtra and Punjab. The percentage of anaemic children aged 6-35 months and malnutrition among children under 3 years of age has declined in Maharashtra by 4.1 % and 9.9% respectively but it is almost same in Punjab between the two survey periods. The anaemia among